

hcppenro.doc MEDICARE ENROLLMENT PROJECTIONS WORKSHEET

Name of organization:

HCFA No.: H

Contact person for this worksheet:

Telephone #

Provide information for one full year for each state in which you expect enrollment, starting with the quarter when initial enrollment is anticipated.

Name of State	Year	Quarter	Estimated # Eligible Medicare	Projected Numbers	
				Members this Quarter	Members Year-to-date
	Total				

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				Members this Quarter	Members Year-to-date
	Total				

Name of State	Year	Quarter	Estimated # Eligible Medicare	Projected Numbers	
				Members this Quarter	Members Year-to-date
	Total				

Note: use one table for four quarters for each state; to add states, copy a blank table and paste it on a new page.